



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

February 27, 2009

Russell McCoy  
Church Hill Downs  
415 South Arthur  
Pocatello, ID 83204

Provider #13G043

Dear Mr. McCoy:

On **February 11, 2009**, a complaint survey was conducted at Church Hill Downs. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00003957**

**Allegation:** Individuals' rights are denied or restricted without appropriate justification.

**Findings:** An unannounced on-site complaint investigation was conducted 2/10/09 -2/11/09. During that time, policy and procedure review, record review and staff interviews were completed with the following results:

The facility's policy and procedures for protection against abuse, neglect and mistreatment, as well as the policy and procedures for visitation outside of the facility were reviewed. Also, the facility's admissions packet provided to individuals and families upon admission, which included rights information, was reviewed. All documents demonstrated the facility had developed and implemented systems for monitoring and protecting individuals' rights.

During the course of the investigation, the facility's Responsibility Permits (the facility's procedure for individuals leaving with non-facility staff) were reviewed from 11/1/08 to 2/10/09. During that time, no less than 108 Responsibility Permits were completed and documented individuals left the facility with relatives or friends.

One individual's Responsibility Permit differed from the others in that it included a statement that the individual would remain under the "supervision and in the physical presence of one of the two parents" throughout the visit. Attached to the individual's Responsibility Permit was a skin check form to be completed at the time the individual left the facility and upon return to the facility.

Eight direct care staff were interviewed on 2/10/09 from 10:45 a.m. to 3:00 p.m. All eight staff stated individuals leaving with their family or friends had a Responsibility Permit completed prior to departure from the facility. Four of the 8 staff stated they did not typically work with the individual whose Responsibility Permit was different, but were able to explain the procedure for skin checks.

The remaining four staff regularly worked with the individual whose Responsibility Permit was different. Those four staff all stated skin checks were completed visually during the individual's routine shower prior to home visits and while changing into pajamas following the home visit. All four staff stated this prevented undue attention being drawn to the skin check procedure.

All eight staff stated they routinely completed skin checks on all individuals residing in the facility during bathing and clothing changes.

An interview was conducted with the LPN (Licensed Practical Nurse), Program Director, and Administrator on 2/11/09 from 10:00 - 10:40 a.m. When asked about the difference in Responsibility Permits, the Administrator stated the facility had been made aware of legal issues within an individual's family unit that could impact the individual's safety during visitation. As a result, additional precautions were implemented with the revised Responsibility Permit and skin check forms. The LPN stated she trained staff on the skin check procedures. Both the LPN and the Administrator stated skin checks were done during routine bathing and clothing changes to ensure the procedure was unobtrusive. The Administrator and Program Director stated increased documentation was the only difference in the way the skin checks were completed for the individual whose Responsibility Permit was different.

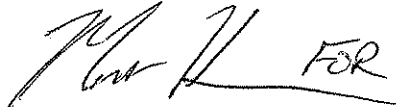
Therefore, due to a lack of sufficient evidence, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Russell McCoy  
February 27, 2009  
Page 3 of 3

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

Handwritten signature of Michael A. Case, with the letters "FOR" written to the right of the signature.

MICHAEL A. CASE  
Health Facility Surveyor  
Non-Long Term Care

Handwritten signature of Nicole Wisenor.

NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

MC/mlw



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February 27, 2009

Russell McCoy  
Church Hill Downs  
415 South Arthur  
Pocatello, ID 83204

Provider #13G043

Dear Mr. McCoy:

On **February 11, 2009**, a complaint survey was conducted at Church Hill Downs. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00003966**

**Allegation:** Individuals' rights are denied or restricted without appropriate justification.

**Findings:** An unannounced on-site complaint investigation was conducted 2/10/09 -2/11/09. During that time, policy and procedure review, record review and staff interviews were completed with the following results:

The facility's policy and procedures for protection against abuse, neglect and mistreatment, as well as the policy and procedures for visitation outside of the facility were reviewed. Also, the facility's admissions packet provided to individuals and families upon admission, which included rights information, was reviewed. All documents demonstrated the facility had developed and implemented systems for monitoring and protecting individuals' rights.

During the course of the investigation, the facility's Responsibility Permits (the facility's procedure for individuals leaving with non-facility staff) were reviewed from 11/1/08 to 2/10/09. During that time, no less than 108 Responsibility Permits were completed and documented individuals left the facility with relatives or friends.

One individual's Responsibility Permit differed from the others in that it included a statement that the individual would remain under the "supervision and in the physical presence of one of the two parents" throughout the visit. Attached to the individual's Responsibility Permit was a skin check form to be completed at the time the individual left the facility and upon return to the facility.

Eight direct care staff were interviewed on 2/10/09 from 10:45 a.m. to 3:00 p.m. All eight staff stated individuals leaving with their family or friends had a Responsibility Permit completed prior to departure from the facility. Four of the 8 staff stated they did not typically work with the individual whose Responsibility Permit was different, but were able to explain the procedure for skin checks.

The remaining four staff regularly worked with the individual whose Responsibility Permit was different. Those four staff all stated skin checks were completed visually during the individual's routine shower prior to home visits and while changing into pajamas following the home visit. All four staff stated this prevented undue attention being drawn to the skin check procedure.

All eight staff stated they routinely completed skin checks on all individuals residing in the facility during bathing and clothing changes.

An interview was conducted with the LPN (Licensed Practical Nurse), Program Director, and Administrator on 2/11/09 from 10:00 - 10:40 a.m. When asked about the difference in Responsibility Permits, the Administrator stated the facility had been made aware of legal issues within an individual's family unit that could impact the individual's safety during visitation. As a result, additional precautions were implemented with the revised Responsibility Permit and skin check forms. The LPN stated she trained staff on the skin check procedures. Both the LPN and the Administrator stated skin checks were done during routine bathing and clothing changes to ensure the procedure was unobtrusive. The Administrator and Program Director stated increased documentation was the only difference in the way the skin checks were completed for the individual whose Responsibility Permit was different.

Therefore, due to a lack of sufficient evidence, the allegation was unsubstantiated and no deficient practice was identified.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Russell McCoy  
February 27, 2009  
Page 3 of 3

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. Case".

MICHAEL A. CASE  
Health Facility Surveyor  
Non-Long Term Care

A handwritten signature in black ink, appearing to read "Nicole Wisenor".

NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

SC/mlw